South Carolina Department of Disabilities & Special Needs
Contract Compliance Review Tool
CROSSWALK
FY18/19 CCR Indicators Cross-walked to FY19/20

		Please Note: There are minor editorial changes throughout the document.	
		Administrative Indicators	
FY18-19	**FY19-20**	**Operational Issues**	**Potential Recoupment**
A1-01	A1-01		
A1-02	A1-02		
A1-03	A1-03		
A1-04	A1-04		
A1-05	A1-05	**Revision to Guidance:** (underlined information added) • developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services. Plan must be reviewed annually.	
A1-06	A1-06	**Revision to Guidance:** (strikethrough information deleted and underlined information added) Provider must utilize data available within the DDSN Incident Management System and Therap GER provider reports for the prior 12 month period. Residential and Day service providers must also document review of data entered in the Therap GER module.	
A1-07	A1-07		
A1-08	A1-08		
A1-09	A1-09		
A1-10	A1-10		
A1-11	A1-11		
A1-12	A1-12		
A1-13	A1-13		
A1-14	A1-14		
A1-15	A1-15		
A1-16	A1-16		
A1-17	A1-17		
A1-18	A1-18		
A1-19	A1-19		
A1-20	A1-20		
FY18-19	**FY19-20**	**Fiscal Issues**	**Potential Recoupment**
A2-01	A2-01		
A2-02	A2-02		
A2-03	A2-03		
FY18-19	**FY19-20**	**Staff Qualification, Training, and Reporting Requirements**	**Potential Recoupment**
A3-01	A3-01		
A3-02	A3-02		
A3-03	A3-03		
A3-04	A3-04		
A3-05	A3-05		
A3-06	A3-06		
A3-07	A3-07		
A3-08	A3-08		
A3-09	A3-09		
A3-10	A3-10		
A3-11	A3-11		
A3-12	A3-12		
A3-13	A3-13		
A3-14	A3-14		
A3-15	A3-15		

FY18-19	FY19-20		Potential Recoupment
A3-16	A3-16		
A3-17	A3-17		
A3-18	A3-18		
A3-19	A3-19		
A3-20	**A3-20**		R
A3-21	**A3-21**		R
A3-22	**A3-22**		R
A3-23	**A3-23**		R
A3-24	**A3-24**		R
A3-25	**A3-25**		R
A3-26	A3-26		
A3-27	**A3-27**		R
A3-28	A3-28	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-29	A3-29	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-30	A3-30	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-31	A3-31	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-32	A3-32	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	
A3-33	A3-33		R
A3-34	A3-34	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-35	A3-35	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-36	A3-36	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-37	A3-37	**Revision to Guidance:** (underlined information added) Includes a review of Provider Contractors/Sub Contractors beginning 10/1/2019.	R
A3-38	A3-38		
A3-39	**A3-39**		R
A3-40	**A3-40**		R
A3-41	**A3-41**		R
A3-42	**A3-42**		R
A3-43	**A3-43**		R
A3-44	A3-44		
A3-45	A3-45		
A3-46	A3-46		
A3-47	**A3-47**		R
A3-48	**A3-48**		R
A3-49	A3-49		
A3-50	A3-50		
A3-51	A3-51		
A3-52	A3-52		
A3-53	A3-53		
A3-54	A3-54		
A3-55	A3-55		
A3-56	A3-56		
A3-57	A3-57		
A3-58	~~A3-58~~	Key Indicator Deleted	
A3-59	~~A3-59~~	Key Indicator Deleted	
A3-60	~~A3-60~~	Key Indicator Deleted	
A3-61	~~A3-61~~	Key Indicator Deleted	
A3-62	~~A3-62~~	Key Indicator Deleted	
A3-63	~~A3-63~~	Key Indicator Deleted	
A3-64	A3-58		
A3-65	A3-59		
A3-66	A3-60		
A3-67	A3-61		

Service Areas			
FY18-19	**FY19-20**	**Intake Indicators**	**Potential Recoupment**
IN-01	IN-01		
IN-02	IN-02		

FY18-19	FY19-20		Potential Recoupment
IN-03	IN-03		
IN-04	IN-04		
IN-05	IN-05		
FY18-19	**FY19-20**	**Case Management**	**Potential Recoupment**
CM-01	CM-01	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) The person's file contains ~~either an Authorization Letter from SCDHHS for MTCM or approval from DDSN for State Funded Case Management dated on or prior to the first reported case management activity~~ approval for Case Management. **Revision to Guidance:** (strikethrough information deleted and underlined information added) ~~This indicator is applicable for services starting on or after May 1, 2014. For services starting prior to May 1, 2014 — Form 259 (transition form) must be present in the person's file.~~ A valid precertification date range ~~on CDSS~~ is acceptable documentation for approval of ~~SFCM~~ Case Management. Source: SCDDSN Waiver Case Management Standards, SCDDSN Non-Waiver Case Management Standards Applies to Waiver ~~and Non-Waiver consumers~~ for dates of service prior to 7/1/19. Applies only to Non-Waiver consumers after 7/1/19.	
CM-02	CM-02		
CM-03	~~CM-03~~	Key Indicator Deleted	
CM-04	~~CM-04~~	Key Indicator Deleted	
CM-05	CM-03		
CM-06	CM-04		
CM-07	CM-05		
CM-08	CM-06		
CM-09	CM-07		
CM-10	CM-08		
CM-11	CM-09		
CM-12	CM-10		
CM-13	CM-11		
CM-14	CM-12		
CM-15	CM-13	**Revision to Guidance:** (underlined information added) Applies to Waiver and Non-Waiver consumers prior to 7/1/19. Score ONLY for Non-Waiver consumers after 7/1/19.	
CM-16	CM-14	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) ~~Service~~ Case notes are appropriately documented and include ~~must document~~ all Case Management activity on behalf of the person and justify the need for Case Management.	
CM-17	~~CM-15~~	Key Indicator Deleted	
FY18-19	**FY19-20**	**Waiver Case Management**	**Potential Recoupment**
WCM-01	**WCM-01**	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) For newly enrolled waiver participants, the first non-face-to-face contact is completed within ~~30 days~~ one month of waiver enrollment. **Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	**R**
WCM-02	**WCM-02**	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) For newly enrolled waiver participants, the first quarterly face-to-face visit is completed within ~~90 days~~ three months of waiver enrollment. **Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	**R**
WCM-03	**WCM-03**	**Revision to Key Indicator:** (underline information added) Each month, except during the months when required quarterly face-to face visits are completed, a non-face-to-face contact is made with the participant or his/her representative and documented appropriately. **Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	**R**
WCM-04	~~**WCM-04**~~	Key Indicator Deleted	**R**
WCM-05	~~**WCM-05**~~	Key Indicator Deleted	**R**

WCM-06	WCM-04	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) ~~Two of the four (4) quarterly face-to-face visits with the participant/family are conducted in the participant's residence and are conducted every other quarter of the plan year.~~ At least one face-to-face contact must take place in the person's residence every six months. **Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	R
WCM-07	WCM-05	**Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	R
WCM-08	WCM-06	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) Participants receive two (2) waiver services every ~~thirty (30) days~~ month, with the exception of the initial enrollment period (up to 60 days). **Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	
WCM-09	~~WCM-07~~	Key Indicator Deleted	R
WCM-10	~~WCM-08~~	Key Indicator Deleted	
WCM-11	WCM-07	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) ~~Service~~ Case notes intended to document Waiver Case Management activities are sufficient in content to support Medicaid billing and entered within 7 calendar days. **Revision to Guidance:** (underlined information added) Will not be scored until FY2020-2021. For information only	R
FY18-19	**FY19-20**	**Waiver Activities**	**Potential Recoupment**
WA-01	**WA-01**	**Revision to Guidance:** (strikethrough information deleted and underlined information added) Source: ~~Support Plan Instructions~~ Guidelines for the DDSN Planning Process, Waiver Manual	R
WA-02	**WA-02**		R
WA-03	WA-03		
WA-04	WA-04	**Revision to Guidance:** (strikethrough information deleted and underlined information added) Source: "Guidelines ~~on How to Complete the SCDDSN Annual Service Coordination Assessment", Support Plan Instructions~~ for the DDSN Planning Process, Waiver Manual pertaining to needs assessment.	
WA-05	WA-05		
WA-06	WA-06		
WA-07	**WA-07**	**Revision to Guidance:** (strikethrough information deleted and underlined information added) Source: "Guidelines ~~for Completion of the SCDDSN Service Coordination Annual Assessment"~~ for the DDSN Planning Process, for defined resources, Waiver Manual	R
WA-08	WA-08		
WA-09	**WA-09**	**Revision to Guidance:** (strikethrough information deleted and underlined information added) Source: ~~Support Plan Instructions~~ Guidelines for the DDSN Planning Process and Waiver Manual	R
WA-10	~~WA-10~~	Key Indicator Deleted	
New	WA-10	**Key Indicator:** The Support Plan is signed by the person or his/her representative. **Guidance:** Waiver Case Management Standards	
WA-11	WA-11	**Revision to Guidance:** (strikethrough information deleted and underlined information added) Score for dates of service prior to 7/1/19. No longer required after 7/1/19 so would be n/a. Refer to Case Management Standards and ~~Support Plan Instructions~~ Guidelines for the DDSN Planning Process	
WA-12	~~WA-12~~	Key Indicator Deleted	
WA-13	WA-12		
WA-14	WA-13	No longer recoupable	~~R~~
WA-15	~~WA-14~~	Key Indicator Deleted	
WA-16	~~WA-15~~	Key Indicator Deleted	
WA-17	WA-14		
WA-18	WA-15		
WA-19	WA-16		
WA-20	**WA-17**	**Revision to Key Indicator:** (key indicator number change and underlined information added) The most current Level of Care Determination is completed appropriately and dated within	R

		365 days of the last Level of Care determination and is completed by the appropriate entity.	
WA-21	**WA-18**	**Revision to Key Indicator:** (key indicator number change and underlined information added) The current Level of Care is <u>completed appropriately and</u> supported by the assessments and documents indicated on the Level of Care determination.	**R**
WA-22	~~WA-19~~	Key Indicator Deleted	**R**
WA-23	WA-19		
WA-24	WA-20	**Revision to Key Indicator:** (strikethrough information deleted) Acknowledgement of Rights and Responsibilities is completed annually. ~~For HASCI - Acknowledgement of Rights and Responsibilities is completed prior to enrollment.~~ **Revision to Guidance:** (strikethrough information deleted) ~~This form is not required annually for HASCI.~~	
WA-25	WA-21		
WA-26	WA-22	No Longer Recoupable	~~R~~
WA-27	~~WA-23~~	Key Indicator Deleted	
WA-28	**WA-23**		**R**
WA-29	**WA-24**		**R**
WA-30	**WA-25**		**R**
WA-31	**WA-26**		**R**
WA-32	WA-27	**Revision to Key Indicator:** (key indicator number change, strikethrough information deleted and underlined information added) ~~For ID/RD and CS Waiver~~ Information including the benefits and risks of participant/ representative directed care is provided to the participant/ representative prior to the authorization of Adult Attendant Care <u>(ID/RD), Attendant Care (HASCI), or In Home Supports (CS)</u>.	
WA-33	WA-28	**Revision to Key Indicator:** (key indicator number change, strikethrough information deleted and underlined information added) ~~For ID/RD and CS Waiver~~ - Before authorization of Adult Attendant Care Services <u>(ID/RD), Attendant Care (HASCI), or In Home Supports (CS),</u> the absence of cognitive deficits in the participant/ representative that would preclude the use of participant/ representative directed care is assessed and documented.	
WA-34	WA-29	**Revision to Key Indicator:** (key indicator number change, strikethrough information deleted and underlined information added) ~~For ID/RD and CS Waiver~~ Before authorization of Adult Attendant Care Services <u>(ID/RD), Attendant Care (HASCI), or In Home Supports (CS),</u> the participant/ representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System is provided to the participant/ representative.	
WA-35	WA-30		
WA-36	WA-31		
WA-37	WA-32		
WA-38	WA-33	**Revision to Key Indicator:** (key indicator number change and strikethrough information deleted) ~~Applies to all waivers. Effective 7/1/18~~	
WA-39	WA-34	**Revision to Key Indicator:** (key indicator number change and strikethrough information deleted) ~~Applies to all waivers. Effective 7/1/18~~	
WA-40	WA-35	**Revision to Key Indicator:** (key indicator number change and strikethrough information deleted) ~~Applies to all waivers. Effective 7/1/18~~	
FY18-19	**FY19-20**	**HASCI Division Rehabilitation Supports**	**Potential Recoupment**
HRS-01	HRS-01		
HRS-02	HRS-02		
HRS-03	HRS-03		
HRS-04	HRS-04		
HRS-05	HRS-05		
HRS-06	HRS-06		
HRS-07	HRS-07		
FY18-19	**FY19-20**	**PDD Program**	**Potential Recoupment**
		All Key Indicators Deleted (PDD-01 through PDD-29)	

		Residential Services	
FY18-19	FY19-20	**Residential/Health Services**	Potential Recoupment
New	**RS1-01**	**Key Indicator:** For new residential admissions, prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented. **Guidance:** Prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented. When assessments are completed and training needs/priorities have been identified with the participation and input of the person, the residential support plan will be completed and will replace the preliminary plan.	
RS1-01	**RS1-02**	**Revision to Key Indicator:** (underlined information added) The Residential Support Plan must include the person's goals/objectives related to Residential Habilitation including:	**R**
RS1-02	**RS1-03**		**R**
RS1-03	**RS1-04**		**R**
RS1-04	~~RS1-05~~	Key Indicator Deleted and information added to RS1-01	
RS1-05	**RS1-05**	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) The effectiveness of the residential plan is monitored and the plan is amended when: a) No progress is noted on ~~an intervention~~ a goal b) A new ~~intervention,~~ strategy, training, or support is identified; or c) The person is not satisfied with the ~~intervention~~ support. **Revision to Guidance:** (strikethrough information deleted) As a general rule, if no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the ~~strategy~~ plan must be amended. ~~and if necessary, the Plan as well.~~	**R**
RS1-06	RS1-06		
RS1-07	RS1-07	**Revision to Guidance:** (strikethrough information deleted) All people residing in CTH I, CTH II, CRCF, CIRS, SLP I and SLP II must be informed of their rights and supported to learn about and exercise their rights, ~~unless there is documentation in the file that the person is fully capable of understanding their rights and there is an assessment that confirms this.~~	
RS1-08	RS1-08		
RS1-09	RS1-09		
RS1-10	RS1-10	**Revision to Guidance:** (strikethrough information deleted) All people who reside in CTH I, CTH II, CRCF, CIRS, SLP II and SLP I require training in what constitutes abuse and how and whom to report it, ~~unless there is documentation in the file that they are capable of reporting and there is an assessment to confirm this.~~	
RS1-11	RS1-11		
RS1-12	RS1-12	**Revision to Guidance:** (underlined information added) The health care received is comparable to any person of the same age, group and sex. (i.e. mammogram for females 40 and above, annual or as prescribed by a physician pap smears, prostate checks for males over 50, etc.)	
RS1-13	RS1-13		
New	RS1-14	**Key Indicator:** Each resident must be provided with a key to his/her bedroom. **Guidance:** Source: Residential Habilitation Standard	
New	RS1-15	**Key Indicator:** Each resident must be provided with a key to his/her home. **Guidance:** Source: Residential Habilitation Standard	

FY18-19	FY19-20	Residential/ Behavioral Support Services	Potential Recoupment
RS2-01	RS2-01		
RS2-02	RS2-02	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added) Prior to the development of a behavior support plan, indirect assessment ~~including the following~~ must be conducted, <u>including a review of the</u> ~~Record review of~~ DDSN Support Plan and, if they exist, existing behavior support plan and supervision plan. a) ~~Interview using the Functional Assessment Interview Form (O'Neill, et al., 2014) or another empirically validated functional assessment instrument - such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) - with two or more people who spend the most time with the person (can include the person) must include (or be supplemented by additional assessment documentation which includes) the following:~~ 　1. ~~Description of problem behavior~~ 　2. ~~Listing of ecological and setting events that predict the occurrence and/or non-occurrence of the behavior~~ 　3. ~~Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior~~ 　4. ~~Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior~~ 　5. ~~Record of information on the efficiency of the problem behavior~~ 　6. ~~List of functional alternatives the person currently demonstrates~~ 　7. ~~Description of the person's communication skills~~ 　8. ~~Description of what to do and what to avoid in teaching~~ 　9. ~~Listing of what the person likes (potential reinforcers)~~ 　10. ~~Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts~~ b) ~~Development of summary statements based on the *Functional Assessment Interview* (contains information on setting events, antecedents, problem behavior, and consequences)~~ **Revision to Guidance:** (strikethrough information deleted) Written information in the BSP and/or assessment file indicates that each component of the assessment was conducted. 　a) Does the Support Plan reflect the need for behavior support services? 　b) ~~A completed Functional Assessment Interview form or other empirically validated functional assessment instrument (and, if necessary, supplemental assessment documentation) containing the 10 items in section b must be available.~~ ~~If the QABF (or other empirically validated functional assessment interview tool) is used there must be information provided in the assessment results (via a note) that specifies where information on each component is located.~~ 　　c) ~~These must be specified in the functional assessment document.~~	
New	RS2-03	**Key Indicator:** Prior to the development of a behavior support plan, indirect assessment must be conducted, including an interview using the Functional Assessment Interview Form (O'Neill, et al., 2014) or another empirically validated functional assessment instrument - such as the QABF (Questions About Behavioral Function, Matson & Vollmer, 1995) - with two or more people who spend the most time with the person (can include the person) must include (or be supplemented by additional assessment documentation which includes) the following: 1. Description of problem behavior 2. Listing of ecological and setting events that predict the occurrence and/or non-occurrence of the behavior 3. Listing of possible antecedents that predict the occurrence and/or non-occurrence of the behavior 4. Listing of possible consequences (access, escape/avoid, automatic) that maintain the problem behavior 5. Record of information on the efficiency of the problem behavior 6. List of functional alternatives the person currently demonstrates 7. Description of the person's communication skills 8. Description of what to do and what to avoid in teaching 9. Listing of what the person likes (potential reinforcers) 10. Listing of the history of the problem behavior(s), previous interventions, and effectiveness of those efforts **Guidance:**	

		A completed Functional Assessment Interview form or other empirically validated functional assessment instrument (and, if necessary, supplemental assessment documentation) containing the 10 items in this section must be available. If the QABF (or other empirically validated functional assessment interview tool) is used there must be information provided in the assessment results (via a note) that specifies where information on each component is located. Source: Residential Habilitation Standards 4.2.	
New	RS2-04	**Key Indicator**: Prior to the development of a behavior support plan, indirect assessment must be conducted, including the development of summary statements based on the Functional Assessment Interview (contains information on setting events, antecedents, problem behavior, and consequences) **Guidance**: Setting events, antecedents, problem behavior, and consequences must be specified in the functional assessment document. Source: Residential Habilitation Standards 5.1	
RS2-03	RS2-05		

RS2-04	RS2-06	**Revision to Key Indicator:** (strikethrough information deleted and underlined information added)
		 Behavior Support Plans must contain a description of the person and his/her background:
		 a) ~~Description of the person:~~
		     1) Name, age, gender, residential setting,
		     2) ~~Diagnoses (medical and psychiatric),~~
		     3) Intellectual and adaptive functioning,
		     4) ~~Medications (medical and psychiatric),~~
		     5) Health concerns,
		     6) Mobility status,
		     7) Communication skills,
		     8) ~~Daily living skills,~~
		     9) Typical activities and environments,
		     10) Supervision levels,
		     11) Preferred activities, items, and people, and
		     12) Non-preferred activities, items, and people.
		 ~~b) Locations where BSP will be implemented and identification of program implementers.~~
		 ~~c) Problem Behaviors and Replacement Behaviors in terms that are observable, measurable, and on which two independent observers can agree.~~
		 ~~d) Summary of direct assessment results.~~
		 ~~e) Objectives for each problem behavior, including:~~
		     ~~1) Person's name,~~
		     ~~2) Operational, measurable and observable way to describe behavior,~~
		     ~~3) Conditions under which the behavior occurs or should occur, and~~
		     ~~4) Criteria for completion (performance and time).~~
		 ~~f) Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment~~
		 ~~g) Objectives for each replacement behavior, including:~~
		     ~~1) Person's name,~~
		     ~~2) Measurable and observable way to describe behavior,~~
		     ~~3) Conditions under which the behavior occurs or should occur, and~~
		     ~~4) Criteria for completion (performance and time).~~
		 ~~h) Support Procedures~~
		     ~~1) Setting Event/Antecedent Strategies~~
		     ~~2) Teaching Strategies~~
		     ~~3) Consequence Strategies~~
		     ~~4) Crisis Management Strategies~~
		     ~~5) Data Recording Method~~
		     ~~6) Data Collection Forms~~	

New	RS2-07	**Key Indicator:** Behavior Support Plans must contain details of locations where BSP will be implemented and identification of program implementers.	
New	RS2-08	**Key Indicator:** Behavior Support Plans must contain Problem Behaviors and Replacement Behaviors in terms that are observable, measurable, and on which two independent observers can agree. **Guidance:** a) Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5.	

		b) If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing. Note: If N/A, then explanation is needed Source: Residential Habilitation Standards	
New	RS2-09	**Key Indicator:** Behavior Support Plans must contain a summary of direct assessment results. **Guidance:** a) Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5. b) If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing. Note: If N/A, then explanation is needed Source: Residential Habilitation Standards	
New	RS2-10	**Key Indicator:** Behavior Support Plans must contain objectives for each problem behavior, including: 1) Person's name, 2) Operational, measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time). **Guidance:** Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5. Source: Residential Habilitation Standards	
New	RS2-11	**Key Indicator:** Behavior Support Plans must contain Competing Behavior Model for each class of problem behavior that includes function of problem behavior and replacement behavior based on direct assessment. **Guidance:** Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5. Source: Residential Habilitation Standards	
New	RS2-12	**Key Indicator:** Behavior Support Plans must contain objectives for each replacement behavior, including: 1) Person's name, 2) Measurable and observable way to describe behavior, 3) Conditions under which the behavior occurs or should occur, and 4) Criteria for completion (performance and time). **Guidance:** Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5. Source: Residential Habilitation Standards	
New	RS2-13	**Key Indicator:** Behavior Support Plans must contain Support Procedures that include each of the following: 1) Setting Event/Antecedent Strategies 2) Teaching Strategies 3) Consequence Strategies 4) Crisis Management Strategies 5) Data Recording Method 6) Data Collection Forms **Guidance:** Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5. Source: Residential Habilitation Standards	

RS2-05	RS2-14	**Revision to Key Indicator:** (strikethrough information deleted)
		~~Behavior Support Plan Implementation~~
		DSP(s) responsible for implementing a BSP must be fully trained to:
		    1) collect behavioral data, and
		    2) implement the BSP procedures
		~~a) Procedures for training DSP(s) on implementation must include:~~
		    ~~1) written and verbal instruction,~~
		    ~~2) modeling,~~
		    ~~3) rehearsal, and~~
		    ~~4) trainer feedback.~~
		~~b) Documentation of DSP(s) training must accompany the plan and must include:~~	

1) ~~person's name,~~
2) ~~date of initial training,~~
3) ~~date of additional DSP(s) training,~~
4) ~~names and signatures of DSP(s) trained, and~~
5) ~~name of trainer and/or authorized secondary trainer.~~
c) ~~Fidelity procedures must occur quarterly and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include:~~
1) ~~person's name,~~
2) ~~name(s) of DSP(s) being observed,~~
3) ~~date, location and time (including duration) of observation,~~
4) ~~description of procedures observed,~~
5) ~~directions and/or description for scoring DSP performance,~~
6) ~~signature of observed DSP, and signature of the observer.~~

Revision to Guidance: (strikethrough information deleted)
a) Collect behavioral data in accordance with the Residential Habilitation Standards 6.0 – 6.5.
b) ~~Procedures for training DSP(s) must be documented in either the BSP, training materials, or training documentation.~~
c) ~~Documentation of DSP training must be present to indicate training prior to the effective date / implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on #1 if needed.~~
d) *~~Note: N/A with explanation may be acceptable~~*
e) ~~If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing.~~
f) *~~Note: If N/A, then explanation is needed~~*
g) ~~If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity check should, on a rotating basis, be conducted in each setting addressed by the plan.~~

New	RS2-15	**Key Indicator:** Procedures for training DSP(s) on implementation must include: 1) written and verbal instruction, 2) modeling, 3) rehearsal, and 4) trainer feedback. **Guidance:** Procedures for training DSP(s) must be documented in either the BSP, training materials, or training documentation. Source: Residential Habilitation Standards	
New	RS2-16	**Key Indicator:** Documentation of DSP(s) training must accompany the plan and must include: 1) person's name, 2) date of initial training, 3) date of additional DSP(s) training, 4) names and signatures of DSP(s) trained, and 5) name of trainer and/or authorized secondary trainer. **Guidance:** Documentation of DSP training must be present to indicate training prior to the effective date / implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on #1 if needed. Source: Residential Habilitation Standards	
New	RS2-17	**Key Indicator:** Fidelity procedures must occur quarterly and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include: 1) person's name, 2) name(s) of DSP(s) being observed, 3) date, location and time (including duration) of observation, 4) description of procedures observed, 5) directions and/or description for scoring DSP performance, 6) signature of observed DSP, and signature of the observer. **Guidance:**	

		Note: N/A with explanation may be acceptable If opportunities to observe (a) antecedent, teaching, or consequence strategies for acceptable behavior, (b) response strategies to problem behavior, or (c) both are infrequent or not observed during a fidelity check, it would be sufficient to observe the DSP(s) practicing the BSP procedures by role-playing. If the BSP addresses more than one setting (e.g., Day Program, Home, etc.), then the fidelity check should, on a rotating basis, be conducted in each setting addressed by the plan. Source: Residential Habilitation Standards	

RS2-06	RS2-18	**Revision to Key Indicator:** (strikethrough information deleted)
		Progress monitoring must occur at least monthly and rely on progress summary notes that include:
		a) Graphs that are legible and contain:
		    i. Title related to behavior measured,
		    ii. X- and Y-axis that are scaled and labeled
		    iii. Labeled gridlines
		    iv. Consecutive and connected data points,
		    v. Legend for data points (when more than one type is used), and
		    vi. Phase lines and labels for changes (i.e., programmatic, environmental, medical, and/or medication changes)
		~~b) Visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes~~
		~~c) Future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance, and~~
		~~If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then the Functional Assessment and its summary must be revisited with input from program implementers to determine the benefits modifying or augmenting BSP procedures or enhancing DSP training~~
		Revision to Guidance: (strikethrough information deleted)
		~~Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.~~	

New	RS2-19	**Key Indicator:** Progress monitoring must occur at least monthly and rely on progress summary notes that include a visual analysis that includes description of the level, trend, and variability of each behavior along with discussion related to programmatic, environmental, medical, and/or medication changes.	
New	RS2-20	**Key Indicator:** Progress monitoring must occur at least monthly and rely on progress summary notes. Details of future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance.	
New	RS2-21	**Key Indicator:** If fidelity procedures reveal that the BSP is being properly implemented and data properly collected, yet no progress is observed for the problem behavior, replacement behavior, or desired behavior for 3 consecutive months, then the Functional Assessment and its summary must be revisited with input from program implementers to determine the benefits modifying or augmenting BSP procedures or enhancing DSP training **Guidance:** Note: If the fidelity procedures reveal that the BSP is not being properly implemented or data are not being properly collected, then re-training of the DSP(s) is sufficient, and no team meetings or plan modifications are required.	
RS2-07	RS2-22		
RS2-08	RS2-23		
RS2-09	RS2-24		
RS2-10	RS2-25		
RS2-11	RS2-26		
RS2-12	RS2-27		
RS2-13	RS2-28	**Revision to Key Indicator:** (underlined information added)	

| | | Restraints are employed only for the purpose of protecting the person or others from harm and only when it is determined to be the least restrictive alternative possible <u>and a GER is entered in Therap by the end of the shift.</u>
Revision to Guidance: (underlined information added)
Source: Directives 567-04-DD and 600-05-DD, <u>GER Requirements for DDSN providers</u> | |

Day Services

FY18-19	FY19-20	Day Services	Potential Recoupment
DS1-01	DS1-01		
DS1-02	DS1-02		
DS1-03	**DS1-03**		**R**
DS1-04	**DS1-04**		**R**
DS1-05	**DS1-05**		**R**
DS1-06	**DS1-06**		**R**
DS1-07	DS1-07		
DS1-08	DS1-08		
DS1-09	**DS1-09**		**R**
DS1-10	DS1-10		
DS1-11	**DS1-11**		**R**
DS1-12	DS1-12		
DS1-13	**DS1-13**		**R**
DS1-14	DS1-14	**Revision to Key Indicator:** (underlined information added) Restraints are employed only for the purpose of protecting the person or others from harm and only when it is determined to be the least restrictive alternative possible <u>and a GER is entered in Therap by the end of the shift.</u> **Revision to Guidance:** (underlined information added) Source: Directive 567-04-DD and 600-05-DD, <u>GER Requirements for DDSN providers</u>	

FY18-19	FY19-20	Day Services – Employment Individual	Potential Recoupment
DS2-01	**DS2-01**		**R**
DS2-02	**DS2-02**		**R**
DS2-03	**DS2-03**	**Revision to Key Indicator:** (underlined information added) The record will contain notations that show evidence of monitoring and evaluation of progress <u>towards achieving and maintaining work.</u>	**R**
DS2-04	~~DS2-04~~	Key Indicator Deleted	
New	DS2-04	**Key Indicator:** An individual plan of employment is developed by the Program Director or his/her designee with participation from the individual and/or his/her legal guardian based on the results of the assessment.	
DS2-05	~~DS2-05~~	Key Indicator Deleted	
New	DS2-05	**Key Indicator:** Employment activities are specific to obtaining the individual's employment goal.	
DS2-06	~~DS2-06~~	Key Indicator Deleted	

Early Intervention

FY18-19	FY19-20		Potential Recoupment
EI-01	EI-01		
EI-02	EI-02		
EI-03	EI-03		
EI-04	**EI-04**		**R**
EI-05	EI-05		
EI-06	EI-06	**Revision to Key Indicator:** (strikethrough information deleted) Documentation exists that the Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary (COS) ~~screen in BRIDGES~~ at entry.	
EI-07	EI-07		

EI-08	EI-08	**Revision to Key Indicator:** (strikethrough information deleted) Documentation exists that the Early Childhood Outcomes (ECO) were assessed and documented on the Child Outcome Summary (COS), ~~screen in BRIDGES~~, if applicable, at exit.	
EI-09	EI-09		
EI-10	EI-10		
EI-11	EI-11		
EI-12	EI-12		
EI-13	EI-13		
EI-14	EI-14		
EI-15	EI-15		
EI-16	EI-16		
EI-17	EI-17		
EI-18	EI-18		
EI-19	EI-19		
EI-20	EI-20		
EI-21	EI-21		
EI-22	EI-22		
EI-23	EI-23		
EI-24	EI-24		
EI-25	EI-25		
EI-26	EI-26		
EI-27	EI-27		
EI-28	EI-28		
EI-29	EI-29		
EI-30	EI-30		
EI-31	EI-31	Key Indicator no longer recoupable	~~R~~
EI-32	EI-32		
EI-33	EI-33		
EI-34	EI-34		
EI-35	EI-35		
EI-36	EI-36		
EI-37	EI-37		
EI-38	EI-38		